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October 31, 2006

TO:

FROM: Douglas P. Mueller

Commissioner for Patents PO Box 1450

OUR REF: 10873.1858USWO

TELEPHONE: (612) 455.3800

Total pages, including cover letter:

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Title of Document:

Supplemental Information Disclosure Statement Form 1449, 1 reference, European Search Report

Applicant:

MIYAHARA

Serial No.:

10/565,953

App. Filed: January 26, 2006

Group Art No.: 3763

Conf. No.:

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> Douglas P. Mueller Name:

Reg. Nd: 30,300

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Antonette C. Peters

10/51/2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

MIYAHARA

Serial No.:

10/565,953

Group Art Unit:

3763

Filed:

January 26, 2006

Docket:

10873.1858USWO

Title:

MEDICAL CONNECTOR SYSTEM

CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on October 31, 2006.

Name: Antonette Peters

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Commissioner:

With regard to the above-identified application, the items of information listed on the enclosed Form 1449 are brought to the attention of the Examiner. Copies of any foreign patent documents or "Other Documents" are enclosed. A copy of the European Search Report, mailed September 27, 2006 is transmitted herewith.

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

⊠	(1) within three (3) months of the Filing Date, before the mailing date of a First Office Action on the merits, or before the mailing date of a First Office Action on the merits after the filing of a request for continued examination under 37 C.F.R. §1.114; or
	(2) after the period defined in (1) but before the mailing date of a Final Rejection or Notice of Allowance, and
	the requisite Statement is below, OR
	the requisite fee of \$180.00 under Rule 1.17(p) is included herein, or
	(3) after the mailing date of a Final Rejection or Notice of Allowance but on or before the payment of the Issue Fee, AND

	the	requisite Stateme	nt is below, AND		
	the	requisite fee of \$	180.00 under Rule 1.17	(p) is included herein.	
			STATEMENT	•	
Α	s req	uired under §1.97	(e), Applicants hereby	state either that:	
	1.	Statement was in a counterpart	first cited in a communi	the Information Disclosure cation from a foreign pater more than three months pro- coure Statement; or	nt offic
	2.	Statement was counterpart for signing this State information conknown to any in	cited in a communication ign application, and to tement after making reautained in the Information	e Information Disclosure in from a foreign patent off the knowledge of the perso sonable inquiry, no item o on Disclosure Statement was \$1.56(c) more than three m sclosure Statement.	on f as
If th	iis bo	x is checked, Ap	plicant provides the foll	owing:	
		<u>Certifi</u>	cation Under 37 C.F.R	. §1.704(d)	
iten fore not	i liste ign p recei	ed on the enclosed atent office in a diverse wed by any indivi-	d Form 1449 was first counterpart application,	rsigned hereby certifies the ited in a communication from that this communication of the F.R. §1.56(c) more than the sclosure Statement.	om a on was
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	Anı	dication No	Filing Date	Group	

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

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FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 50-3478. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,

52835

612.455.3801

HAMRE, SCHUMANN, MUELLER & LARSON, P.C. Post Office Box 2902 Minneapolis, MN 55402-0902 (612) 455-3800

Dated: October 31, 2006

DPM:acp

By: 🐧

Douglas P. Muelle Reg No. 30,300

Date Mailed: October 31, 2006 Sheet 1 of 1

FORM 1449* INFORMATION DISCLOSURE STATEMENT	Docket Number: 10873.1858USWO	Application Number: 10/565,953		
IN AN APPLICATION	Applicant: MIYAHARA			
(Use several sheets if necessary)	Filing Date:	Group Art Unit		
	January 26, 2006	3703		

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EXAMINER INITIAL	DOCUMENT NO.	DATE	NAME	CLASS	SUBCLASS	IF APPRO	
	US 4,810,240	03/1989	Rogers				
	US 5,792,120	08/1998	Menyhay				· · · · ·
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·	DOCUMENT NO.	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
	EP 1 331 020	01/2003	Europe			-	
		 					
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			S (Including Author, Title,				
	European Search Report for the corresponding European application EP 04 77 1165, mailed Septemebr 27, 2						
				· · · · · · · · · · · · · · · · · · ·			

LL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /D.B.

52835

EXAMINER /David Bochna/

DATE CONSIDERED

04/24/2008

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form for next communication to the Applicant.

*Substitute Disclosure Statement Form (PTO-1449)

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE